

(Refugee Case Management Agency Letterhead)

**Massachusetts Refugee Resettlement Program (MRRP)**  
**CONCILIATION AGREEMENT (#1)**

I, \_\_\_\_\_, understand that I have been found to be in non-compliance with my Refugee Employment Services (RES) Program because:

- ☐ I did not participate in program activities according to my MRRP Family Employment Plan and the MRRP/service provider participation requirements.
- ☐ I terminated a job or refused a reasonable job offer without good cause.
- ☐ (Other): \_\_\_\_\_

I now agree to come back into compliance with the program and agree to:

- ☐ participate in RES program activities as required.
- ☐ take the next available job offered to me.
- ☐ (Other): \_\_\_\_\_

If I am a primary participant, I agree that if I am found to be out of compliance again, after signing this agreement, my portion of my assistance unit's Refugee Cash Assistance benefit will be terminated, and my access to other MRRP benefits and services, other than Refugee Medical Assistance, will be denied for the next six (6) months. If I am a secondary participant, I agree that my access to MRRP benefits and services, other than Refugee Cash Assistance and Refugee Medical Assistance, will be denied for a period of six (6) months.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CM Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(To be filled out by Case Manager upon client's positive or negative termination from Refugee Employment Services)

**Outcome:**

- ☐ Conciliation successful, because: \_\_\_\_\_
- \_\_\_\_\_
- ☐ Conciliation not successful, because: \_\_\_\_\_
- \_\_\_\_\_

CM Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(To be filled out by Case Manager upon client's positive or negative termination from Refugee Employment Services)*

**Outcome:**

Date: \_\_\_\_\_

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Conciliation successful, because:

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Conciliation not successful, because:

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